SHRI YOGINDER K. ALAGH : I do know that In view of the limited facilities in Government hospitals or in identified hospitals outside the Government sector, the CGHS card holders are given the facility for taking specified treatment which are reimbursed according to well-established rates.

SHRI RUPCHAND PAL : My question was different. It was : Has it been decided by the Government that the CGHS card holders will be entitled to private treatment facilities in the four metropolitan cities? That was a decision.

[Translation]

PROF. OM PAL SINGH 'NIDAR' : Mr. Speaker, Sir, Hon'ble Minister has told us about the facilities available in metropolitan cities but 80 percent people reside in villages, hence I would like to ask the Minister whether any centre has been set up for conducting tests for them. Secondly, the Minister has expressed his views about Delhi hospitals but in Uttar Pradesh, not a single hospital is free from irregularities which are on the rise everywhere. The Doctors have not visited the Dispensaries for three years. I would like to know from the Hon'ble Minister whether he will look into it and punish the guilty.

SHRI YOGINDER K. ALAGH : Mr. Speaker, Sir, apart from Delhi, in Pune, Hyderabad and Calcutta.

[English]

and as I mentioned about the metropolitan cities, some of the private hospitals have been recognised under CGHS.

[Translation]

As per the set up available in the rural areas, the cases for testing all referred to District level referral hospitals. There are no facilities for advanced testing in Primary Health centres or at village level.

PROF. OM PAL SINGH 'NIDAR' : The Doctors never visit the District hospitals. At times, there is no power and sometimes the equipment is out of order. I would like to know about the provisions made in this regard.

SHRI YOGINDER K. ALAGH : Mr. Speaker, Sir, we try to monitor it and send information to the State Governments in this regard. Particularly in the case of Centrally Sponsored schemes, whenever we come to know about the non-availability of doctors or medicines in hospitals, we try to solve the problem. A scheme for providing State level health system and for increasing facilities in hospitals is there which at present is being implemented in Andhra Pradesh, Bengal, Punjab and Karnataka.

[English]

KUMARI MAMATA BANERJEE : Sir, I am very grateful that you have allowed me this question.

You will appreciate that there are Central Government hospitals in Delhi, Punjab and other State of the country but in the North-Eastern and Eastern Regions, there is no Central Government hospital. There is no facility available for diagnostic tests. In the State Government hospitals there, even Gelusil is not available for the poor people.

For treatment, they have to come from Assam, Meghalaya, Arunachal Pradesh, Mizoram, Tripura *via* Calcutta to Chennai or Delhi. So, it is very much expensive for the patients from these Seven-Sister States especially for kidney transplantation and surgery.

Therefore, may I request the hon. Minister to look into this matter and set up immediately Central Government hospitals along with all the infrastructures in the North-Eastern and Eastern regions where the facility of the Central Government hospital is not available?

SHRI YOGINDER K. ALAGH : Sir, as the hon. Member knows, both in the Noth-East and the East, we have some very old and some very good hospitals, for example, at Jorhat, and Dibrugarh which have long traditions from decades. But if there is any review that is required of these facilities...

KUMARI MAMATA BANERJEE : Of course, it is required. Nothing is available there. No equipment is available there.

SHRI YOGINDER K. ALAGH : As the hon. Member knows that at Shillong an Institute of Post Graduate Studies and Research is being set up by the Central Government.

KUMARI MAMATA BANERJEE : It is only one but there are Seven Sister States.

[Translation]

Leprosy Eradication Centre

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*243. SHRI SHIVRAJ SINGH :
SHRI N.J. RATHWA :

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state :

(a) the details of leprosy eradication Centres functioning in various States, particularly in the Adivasi, Tribal, Rural and Backward areas in Gujarat till date;

(b) the number of such centres opened during the year 1995-96;

(c) the amount of assistance provided to these centres by the Union Government during the aforesaid period Statewise and yearwise, separately;

(d) the number of leprosy patients benefited during the above period; and

(e) the details of achievements made in this regard so far particularly in Gujarat?

[English]

THE MINISTER OF STATE OF THE MINISTRY OF PLANNING AND PROGRAMME IMPLEMENTATION AND MINISTER OF STATE OF THE MINISTRY OF SCIENCE AND TECHNOLOGY (SHRI YOGINDER K. ALAGH) : (a) to (e). A statement is laid on the table of the Sabha.

STATEMENT

(a) The following centres are functioning under the National Leprosy Eradication Programme :-

		Number
1.	Leprosy Control Unit/ Modified Control Units	780
2.	Urban Leprosy Centres	906
3.	Survey, Education and Treatment Centres	5747
4.	Temporary Hospitalisation Wards	289
5.	Mobile Leprosy Treatment Units	350

The Leprosy eradication Centres in Adivasi, Tribal, Rural and Backward areas of Gujarat are as under :-

Unit	Rural Areas	Tribal Areas
Leprosy Control Units/Modified Leprosy Control Units	11	10
Temporary Hospitalisation Wards	2	5
Survey, Education and Training Centres	200	141

(b) Nil

(c) The amount of cash assistance provided by Union Government during 1995-96 State-wise is enclosed as annexure.

In addition, anti-leprosy drugs have been supplied to all the States as per requirements. Funds have been released to District Leprosy Societies.

(d) and (e). The number of leprosy patients cured during 1995-96 is 6,13,141 in the country which includes 10748 patients cured in Gujarat.

ANNEXURE

National Leprosy Eradication Programme Release of Central Assistance during 1995-96

(Rs. in lakhs)

S.No.	State/UT	Release 1995-96
1	2	3
1.	Andhra Pradesh	195.50
2.	Arunachal Pradesh	18.50
3.	Assam	20.00
4.	Bihar	111.50
5.	Goa	0.44
6.	Gujarat	16.00
7.	Haryana	7.00
8.	Himachal Pradesh	7.00
9.	Jammu & Kashmir	4.45
10.	Karnataka	103.00
11.	Kerala	76.00
12.	Madhya Pradesh	129.75
13.	Maharashtra	16.00
14.	Manipur	5.50
15.	Meghalaya	7.93
16.	Mizoram	18.00
17.	Nagaland	7.00
18.	Orissa	158.75
19.	Punjab	21.00
20.	Rajasthan	29.00
21.	Sikkim	20.00
22.	Tamil Nadu	114.00
23.	Tripura	19.00
24.	Uttar Pradesh	182.62
25.	West Bengal	95.00
26.	A & N Islands	7.00
27.	Chandigarh	0.50
28.	D & N Haveli	1.00
29.	Daman & Diu	3.00
30.	Delhi	0.50
31.	Lakshadweep	2.00
32.	Pondicherry	2.50
	Sub-total	1399.44
	Central Sector	2312.96
	Grand Total	3712.40

[Translation]

SHRI SHIVRAJ SINGH : Mr. Speaker, Sir, Hon'ble Minister has stated in his reply that 34 crore rupees have been spent under Leporasy Eradication Programme in 1995, however, even now we find leprosy patients going around with a begging bowl in hands and living in a very bad condition in cities and in villages also. Especially in rural areas, they are seen with hatred.

I would like to know from the Hon'ble Minister whether the Government have made any arrangements

for identifying the leprosy patients in rural areas, treating them and taking them to leprosy cure centres. Mr. Speaker, Sir just as we administer a dosage of medicine to children under the Pulse Polio programme in order to prevent the possibility of their contracting the disease of polio, whether any research has been conducted to administer a dose of medicine to children in childhood itself in order to prevent the possibility of occurrence of leprosy in future? Whether the Government have any proposal to provide some such cure?

[English]

SHRI YOGINDER K. ALAGH : As the hon. Member knows, for leprosy we have district level programmes. In fact, the MDT treatment is very effective and there has been a fairly substantial reduction in the impact of leprosy...*(Interruptions)* The hon. Member knows that even ten years ago as the Chairman, BICP, I had examined this programme. I have some understanding of it. When I say these medicines work, I have even priced them.

It is a fact that the incidence of leprosy has gone down in a very big way in India. We do have district level programmes and voluntary organisations are also involved. My impression is, more than 250 voluntary organisations are involved. Surveillance and detection of leprosy in the high endemic areas are also a function of this programme. My submission to the hon. Member is, we are well on the way of making very substantial progress in this programmes, so that towards the end of this century we will be able to conquer this disease. But, if there are specific suggestions, they may be made. For example, I know that hon. Member comes from my State, Gujarat. There are districts in the State where this problem has been endemic. But my impression is that even in these districts some progress has been made.

[Translation]

SHRI SHIVRAJ SINGH : Hon'ble Mr. Speaker, Sir, more than 129 lakh rupees have been spent for eradication of leprosy in Madhya Pradesh in 1995-96. I would like to know from the Hon'ble Minister whether this money has been spent by the voluntary organisations or whether the Government itself has borne the expenditure incurred in these centres and also which are the places and centres for which expenditure was incurred?

SHRI YOGINDER K. ALAGH : Mostly the district level centres fall under the charge of Collector and they have got autonomy.

[English]

But it is a Government Sponsored programme.

[Translation]

So funds mostly come from Government sources.

SHRIMATI BHAVNABEN DEVRAJ BHAI CHIKHALIA: Hon'ble Mr. Speaker, Sir, through you, I would like to submit that the hon'ble Minister has stated in his reply that 10,748 patients have been cured in Gujarat and 6,13,141 patients have been cured throughout the country. I would like to know from the Hon'ble Minister the total number of patients in Gujarat, out of which 10,748 patients are stated to have been cured. Secondly the population of Gujarat is four crore. It has been stated that there are only two permanent hospital wards in rural areas, so whether it is proposed to set up more such wards in rural areas?

SHRI YOGINDER K. ALAGH : In rural areas, there are two L.C.Us. in Walsad and one unit each in Surat, Bharuch, Panchmahal and Junagarh. Then there is one M.L.C.U in Panchmahal, one unit in Banatkheda and one each in Mehsana and Bhavnagar. It is only the temporary hospitalisation wards which are two in number in rural areas otherwise there are a number of leprosy centres in Gujarat.

DR. GIRIJA VIYAS : Hon'ble Mr. Speaker, Sir, so long as the rehabilitation of leprosy patients is not undertaken, the leprosy eradication programme will remain incomplete. The patients have only one query when they go to hospitals as to where would they stand after being cured?

I, through you, would like to know from the hon. Minister whether the Government in consultation with different Ministries propose to chalk out any plan for their rehabilitation; if so, the salient features thereof and if not, the reasons therefor?

SHRI YOGINDER K. ALAGH : In this programme, specially the voluntary organisations, Charitable missions and non Governmental organisations participate. We have 240 such organisations which are engaged in such works, but as the hon. Member has suggested that besides rehabilitation programmes, the programme for social acceptance should also be implemented and if any special grant is needed for the purpose, the Government may consider it. This programme envisages early detection and cure of disease, and rehabilitation.

[English]

It is for detection, early cure and rehabilitation.

SHRI BASU DEB ACHARIA : Is the Government aware that the incidence of leprosy is increasing even in the districts where there is the multidrug treatment programme? If so, what steps does the Government propose to take to contain the increase of incidence of leprosy? The Swaminathan Committee had recommended steps for the eradication of leprosy by 2000 A.D. Has the Government implemented the recommendations of the Swaminathan Committee in regard to the eradication of leprosy in our country?

SHRI YOGINDER K. ALAGH : According to the information that we have - I have some data with me - the estimated number of cases and the cases on record are definitely going down. But if there is a particular piece of information which the hon. Member ...*(Interruptions)*

SHRI BASU DEV ACHARIA : Is my district, Purulia...*(Interruptions)*

SHRI YOGINDER K. ALAGH : In Bengal, according to the information that we have - I do not have the district-wise figures right now - the estimated number of cases in 1981 was 4.3 lakhs and the cases on record now are lass than 60,000 but if there is a particular district where there is a worsening situation, I would like to be informed so that we can take appropriate steps. We will check up the data on Purulia.

Regarding the major recommendations of the Swaminathan Committee for the elimination of leprosy by the year 2000 A.D., my submission for the consideration of the House is that it is within reach. We had 39 lakh cases in 1981 and we are now talking of around 5.5 lakh cases. It should be possible to make substantial progress because now the infrastructure is there, particularly in the endemic districts. I would submit that - as hon. Members know - if there was any shortfall in this, I would have stated it very clearly. But on diphtheria, on polic and on leprosy, we are making significant advances and we should encourage our field staff to go in for final solutions now. If there are specific suggestions, we would welcome them.

[Translation]

Compulsory and Free Primary Education

*244. SHRI SHATRUGHAN PRASAD SINGH : Will the Minister of HUMAN RESOURCE DEVELOPMENT be pleased to state :

(a) the scheme envisaged by the Government to fulfil the constitutional obligations of compulsory and free primary education;

(b) the details of grants provided for various schemes such as Mid-day meal, Operation Blackboard and other educational schemes etc., State-wise and scheme-wise; and

(c) the extent to which these schemes have proved useful?

[English]

THE MINISTER OF HUMAN RESOURCE DEVELOPMENT (SHRI S.R. BOMMAI) : (a) to (c). A statement is laid on the Table of the Sabha.

STATEMENT

(a) In pursuance of Article 45 of the Directive Principles of the Constitution, 14 States and 4 Union Territories have enacted legislations for making primary education compulsory. Most States have exempted all children in primary schools from payment of tuition fees. In addition, Government is working out the modalities of making elementary education a fundamental right under the Constitution.

(b) State-wise and scheme-wise details of grants provided in 1995-96 under Centrally Sponsored Schemes of Operation Blackboard, Non-Formal Education and DPEP are given in *Annexure*. Under the National Programme of Nutritional Support to Primary Education, commonly known as Mid-Day Meal Scheme, States are provided foodgrains through the Food Corporation of India and no grants are released to them directly. This Department provided an amount of Rs. 441.21 crore to FCI for this purpose in 1995-96.

(c) These Centrally sponsored schemes have augmented the efforts of State Governments to achieve Universalisation of Elementary Education by improving infrastructure of primary schools, converting single teacher primary schools to dual teacher schools and providing necessary teaching learning materials under Operation Blackboard; opportunities for non-formal education to approdximately 70 lakh children in 6-14 age group and nutritional supplement to 5.54 crore primary school children in 4426 Blocks. DPEP seeks to revitalise the primary education system in selected districts through integrated planning and decentralised implementation.

ANNEXURE

State-wise details of Grants released under schemes of Elementary Education in the Year 1995-96

(Rs. in lakhs)

S.No.	State Government/ Union Territory	Operation Blackboard (1995-96)	N.F.E. (1995-96)	DPEP (1995-96)
1	2	3	4	5
1.	Andhra Pradesh	2025.00	885.92	
2.	Arunachal Pradesh	109.57	7.84	